Recommendations-Childhood Obesity

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 Childhood obesity is becoming a rising trend in most part the world but more so in the United States of America. Countries are increasing their budget to fight this vise, which has led to more social problems, increase in health risks more so for the children. The importance of parents, home environment, and family, cannot be disregarded while trying to understand childhood obesity. The beliefs of parents, their attitude and perceptions have a significant impact on childhood obesity.

**Action Plan on Childhood Obesity**

Action plans help in setting objectives for particular activities by providing needed timelines, keeping activities on track, monitoring progress and success and laying the ground for expectations of specific outcomes. Childhood obesity is a rising phenomenon that needs to be reduced through joint efforts. Stakeholders who include parents, schools, government, food and beverage companies should all join hands towards the reduction of obesity in children. However, it is important to note that much as prevention of childhood obesity is a joint effort, parents have the most significant role towards its reduction.

**Action Plan 1: Provision of Primary Health Care through Breast Feeding and Healthy Eating**

Primary health care (PHC) enables the access of equitable services that can be used towards the improvement of health standards. Integrated health services can be provided using PHC. Prevalence of weighing and obesity can be reduced through extended breastfeeding, healthy diets and physical activities. Parents can be on the forefront to ensure children are breastfed adequately and introduced to healthy eating at home (Golan & Crow, 2012). Giving parental classes on early dietary health to a pregnant woman and their partners can make a difference in the child ‘s life for the long haul. Aspects of mother’s pregnancy can put a child at risk of being obese later in life. Gestation and infancy period should, therefore, be given serious thoughts by parents as they influence the child’s overall health.

**Action Plan 2: Improvement of dietary and healthy food eating habits at home**

Food habits for preschool children and toddlers are acquired through exposure and repeated practice. Regulation of food by children is determined by the way parents to feed their children. Parents have a direct role in providing experiences that can encourage good feeding habits (Golan & Crow, 2012). Parents who overeat influence their children to do the same. Parents have the responsibility to provide access to healthier food choice for preschool children and up. Teach parents about the importance of buying nutritious food for the health benefit of the household.

**Action plan 3: Physical Activities by Parents**

Prevention of child overweight requires physical activities as this leads to balancing of energy. As children move through critical development stages, parents need to understand their roles and how they can influence their children towards being active. Adolescents and children have taken up to watching T.V and neglecting physical activities. This habit has been proved to make children be sedentary as well as encouraging poor food eating habits. Children can have a set time to play outside and be active in school by taking on sports activities that are of interest to them.

**Recommendations to Improve Identified Problems**

a) Supporting a Healthy Start in Life

Health care and proper nutrition should be ingrained as a lifestyle from early childhood days. The mother’s determines childhood obesity preconception and weight gain during pregnancy. Mothers who are keen on promoting healthy lifestyles have a positive impact on their children usually after birth (Brown & Ogden, 2004). A healthy start in life begins with breastfeeding children as it provides nutritional and health advantages that help in battling infections. Exclusive breastfeeding children lead to a reduced risk of obesity in children in later years of life. Equally, from an early age, children should be introduced to healthy lifestyle where the introduction of complementary foods should be done at the appropriate age.

b) Providing Healthy Foods at Home and School.

Meals provided at home should be healthy and have necessary nutrients that enable growth and development. Parents should ensure children carry healthy snacks to school. Alternatively, parents should ensure school canteens sell healthy foods that do not have an adverse effect on children. Educate the children about good eating habits at home and in school is also essential.

c) Limiting of Exposure to Marketing and Advertising for Children

Foods high in fat, sugar, and salt should be limited and not openly exposed to children. Advertisement of fast and unhealthy food options to children should be prevented. Marketing to children makes them vulnerable as they might fall victims of dietary preferences that are not healthy. The efforts to reduce advertising to children should include store environments, social media activities, and Internet, print and audiovisual media among others.

d) Encouraging of Physical Activities

Healthy lifestyle and physical activities are synonymous. Some of the benefits of physical activity include reduction of cardiac disease, reduced lifestyle diseases, and generally improved health. Parents, educators, and peers should encourage children to engage in physical activities to enable fight obesity at an early age. Physical activity should be an everyday endeavor.

**Alignment of Fundamental Theories and Perspectives in Psychology with Action Plan**

Ivan Pavlov in his theory of classical conditioning explained the presence of natural stimuli and unconditioned response that can result in an association that leads to stimulus-response bond (DeWall & Myers, 2017). Parents can come up with involvement strategies that can ensure their children are conditioned in specific ways that can lead to prevention of obesity. Food consumption habits, lack of physical activities can result in obesity, which is as a result of environmental influence. This calls for parents to come up with associative learning that can be used to condition their children towards healthy eating habits.

Using the Sociocultural perspective, individual behavior and how they become aware of concepts is majorly influenced by their social and cultural surrounding (DeWall & Myers, 2017). The development of cognition is majorly influenced by social interaction. This interaction is later integrated into individual’s mental structure. Parents provide the first human contact and learning environment for their children. Functions of the child cultural development occur on the social level before it manifests at the individual level.

**Ethical Guidelines of psychology and Action Plan**

When researching psychology, there ought to be guidelines to ensure human rights are protected as well as the dignity of research participants are upheld. The action plan goes hand in hand with the given ethical guidelines of psychology.

Avoiding Harm

Protection of participants from harm should be both physical and psychological (APA, 2003). Researcher thus needs to be careful while conducting an action plan survey for childhood obesity (Perryman & Sidoti, 2015).

Confidentiality

The action plan aligns with the principle of confidentiality where participant’s results remain anonymous. The results of the participants are not identified by names they are protected hence their information is treated as confidential (APA, 2003).

Informed Consent

This principle helps in explaining the nature of research to participants. It lays down the expectation of the participant and the researcher (APA, 2003). An outline of what the research is about, needed to be given to the participants before they agree to take part in the study. The action plan on childhood obesity seeks to gain consent from those involved in the study (Perryman & Sidoti, 2015)

Debriefing

 After conducting the study, debriefing is usually undertaken. The procedure used while carrying the research is discussed. Questions are answered during the debriefing, and an assessment of whether the study guidelines have been followed is taken (APA, 2003).

References

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